



Instructions For Handwritten Forms

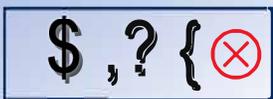
Guidelines



Do not use red ink. Use blue or black ink.



Do not use dollar signs, commas, or other punctuation marks.



Printing



Set page scaling to "none." The Auto-Rotate and Center checkbox should be unchecked.



Do not select "print on both sides of paper."



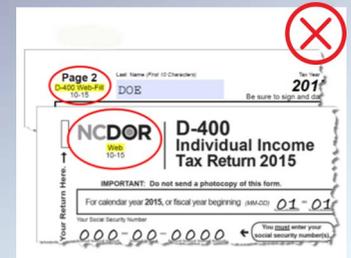
Before Sending



Do not submit photocopies of returns. Submit originals only.



Do not mix form types.



NC-3 Annual Withholding Reconciliation

DOR
Use
Only

Legal Name (First 32 Characters) (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) <hr/> Street Address <hr/> City State Zip Code <hr/>	Account ID <hr/> FEIN or SSN <hr/> For Calendar Year <hr/>
If your business closed or if you stopped paying wages during the calendar year, enter the final date you paid wages: <div style="text-align: center;"> _____ (MM-DD-YYYY) </div>	<div style="text-align: center;"> _____ (YYYY) </div>

Enter total tax withheld as reported to the Department for each period



Month	Amount	Month	Amount
1. January		7. July	
2. February		8. August	
3. March - End of 1st Quarter		9. September - End of 3rd Quarter	
4. April		10. October	
5. May		11. November	
6. June - End of 2nd Quarter		12. December - End of 4th Quarter	
13. Total Tax Withheld as Reported to the Department Add Lines 1 through 12. Enter total here and on Line 16.		_____	
14. Tax Withheld as Reported on W-2 Statements		_____	
15. Tax Withheld as Reported on 1099 Statements		_____	
16. Total Tax Withheld as Reported to the Department From Line 13; round to the nearest whole dollar		_____ .00	
17. Total Tax Withheld as Reported on W-2 and 1099 Statements Add Lines 14 and 15; round to the nearest whole dollar		_____ .00	

Compare Line 16 and Line 17. If Line 16 and Line 17 are the same, skip to Line 21. If Line 16 is more than Line 17, the account is **overpaid**. Subtract Line 17 from Line 16 and enter the amount of overpayment on Line 18. If Line 16 is less than Line 17, the account is **underpaid**. Subtract Line 16 from Line 17 and enter the amount of tax due on Line 19.

18. Overpayment _____ .00

19. Additional Tax Due _____ .00

20. Interest (See the Department's website, www.ncdor.gov, for current interest rate.)
 Multiply Line 19 by applicable rate _____ .00

21. Informational Return Penalties (See instructions)
 Add Lines 21a and 21b and enter the total on Line 21c

a. Failure to File by Due Date _____ .00
 b. Failure to File in Format Prescribed by the Secretary _____ .00
 c. _____ .00

22. Amount of Refund Requested - If Line 18 is blank or zero, skip to Line 23. Otherwise, compare Line 18 with Line 21c. If Line 18 is more than Line 21c, subtract Line 21c from Line 18 and enter the amount of refund here. If Line 18 is less than Line 21c, subtract Line 18 from Line 21c and enter the amount due on Line 23. _____ .00

23. Total Amount Due _____ .00
 Add Lines 19, 20, and 21c *Pay in U.S. Currency From a Domestic Bank*

Signature: _____ **Title:** _____ **Date:** _____
 I certify that, to the best of my knowledge, this claim is accurate and complete.

North Carolina law requires Form NC-3 and the required statements to be filed in an electronic format as prescribed by the Department. Electronic filing and payment methods are available through the Department's website at www.ncdor.gov. If you are unable to file Form NC-3 and the required statements electronically, mail this form and the required statements with your check or money order to: North Carolina Department of Revenue, PO Box 25000, Raleigh, North Carolina 27640-0001. You will be subject to a penalty for failure to file the form and required statements electronically.